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INVITED COMMENTARY

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Holden et al describe the initial series of patients treated with a new endovascular platform termed the Ventana by Endologix (Irvine, Calif). This investigational platform allows the treatment of aneurysms with short or absent infrarenal necks (juxtarenal or pararenal aneurysms). As surgeons have become more aggressive with endovascular aneurysm repair, the true anatomic "noncandidates" have been disappearing. Although technology has advanced to the point where iliac anatomy is rarely a contraindication to endovascular repair, the infrarenal neck is often the limiting factor.

There are currently many devices and techniques emerging for the treatment of "short necks." The vascular community awaits a true answer, as "snorkeling" and "surgeon-modified" devices have inherent limitations. Other approaches such as sac-anchoring devices and endostaples have been proposed, but data remain limited. The most promising devices currently are "custom-made" and require time for manufacturing. The Ventana device, as proposed, represents a novel platform for a truly "off-the-shelf" treatment of juxtarenal and pararenal aneurysms (potentially including ruptured aneurysms).

Although the data are good, this report describes only 15 patients and has limited follow-up with only eight patients followed for more than 6 months. There is the expected 100% technical success rate and the absence of type I and type III endoleaks. The clear appeal of the system is the ability to treat numerous aneurysms effectively with a limited number of configurations. In the current series, only four different devices were used to treat the 15 patients.

There are certain aspects of the Ventana that warrant discussion. The design of the graft, similar to the Endologix Powerlink infrarenal device, consists of an endoskeleton with the graft material freely floating. This device design ideally allows for greater conformability and maneuverability of the fenestrations within the visceral segment. This design is less rigid than the current custom-made branched devices and allows a limited number of configurations to treat numerous anatomies. However, whether this design will offer durability in the long term remains to be seen.

The attraction of the Ventana lies in the stepwise advance of technology to an already receptive audience. The early results are encouraging. The complexity of the device mandates that this be used only by specialists with extensive endovascular aneurysm repair experience. As all the branched and sac-anchoring devices evolve and data become available, it will be interesting to see where the Ventana finds its niche.